



STATE OF MAINE

Application for Radioactive Material License – Medical Training And Experience And Preceptor Statement Supplemental Sheet to HHE-850 Medical

INSTRUCTIONS FOR COMPLETING TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

All applicable pages must be completed and the preceptor statement signed by the physician preceptor. If more than one preceptor is necessary to document experience, then separate forms should be used for each preceptor.

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Medical Use

DO NOT complete this form if you are currently named on another State of Maine, U.S. Nuclear Regulatory Commission, Agreement State, or Licensing State Radioactive Materials License as a Radiation Safety Officer, Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist or to conduct procedures utilizing radiopharmaceuticals. Submit a copy of the applicable license with the application.

1. The applicant is to complete the appropriate sections of pages 1 through 3 of this form.
2. Page 4 of this statement MUST be completed by the applicant's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.
3. If the applicant has experience in studies that are not listed on the statement, either use an "Other (specify)" space on the statement or attach additional sheets as necessary to document all experience.
 - a. If attachments are necessary, each sheet MUST have the applicant physician's name and address as the header for each attached page; and,
 - b. Each attached preceptor statement should be signed and dated by the preceptor.
4. If this Training And Experience And Preceptor Statement is being submitted as part of a new license application or the renewal of an existing license, it should be included in the application package. If not (as in the case of a license amendment), a cover letter must accompany this form, designating the Radioactive Materials License to which the applicant wishes to be added. This letter MUST be signed by the appropriate official at the institution listed on the license. Address the letter as listed in Item 5 below.
5. Mail the completed statements to:

Radiation Control Program
Radioactive Materials Section
Division of Health Engineering
11 State House Station
Augusta, ME 04333-0011

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TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**Part I – TRAINING AND EXPERIENCE**

Note: *Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.*

1. Name of Individual, Proposed Authorization (e.g. Radiation Safety Officer), and Applicable Training Requirements (e.g. SMRRRP, Part G.100)

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

***Stop here when using Board Certification to meet SMRRRP Part G training and experience requirements.
Provide a copy of board(s) certifications to the Agency.***

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Radioactive Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)**5a. WORK EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)**6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g. Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g. SMRRRP, Part G.490)

7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME TRAINING/WORK SCHEDULE

YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
 N/A of _____ the RSO for License No. _____.

8. MEDICAL PHYSICISTS – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision
 N/A of _____ who meets the requirements of Authorized Medical Physicist; and

YES Completed 1-year of full-time work experience (for areas identified in 5a) for _____
 N/A modality(ies) under the supervision of _____ who meets
 Requirements of Authorized Medical Physicist for _____ modality(ies).

9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision (if more than one supervising individual is needed to meet the requirements in SMRRRP Part G, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets the requirements of Part G, Section(s) _____

for medical uses in Part G, Section(s) _____

D. Address

E. Materials License Number

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)**PART II – PRECEPTOR STATEMENT**

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in SMRRRP, Part G.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of SMRRRP Part G, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for individuals meeting the requirements of SMRRRP, Part G, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed training requirements in G.980 and is competent
N/A to independently operate a nuclear pharmacy.

YES 11a. The individual named in item 1 has satisfactorily completed the training requirements in Part G, Section(s) and
N/A Paragraph(s) _____

YES 11b. The individual named in Item 1. is competent to independently function as an authorized _____
N/A for _____ uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10. and certify I am an Authorized Nuclear Pharmacist;
or

I certify the approval of items 11a. and 11b., and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of Items 11a. and 11b., and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized _____
for the following uses (or units) of radioactive material: _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

D. DATE